

Lifestyle questionnaire

This statement should be completed by the person to be insured.

Application/policy number:

Full name:

Date of birth:

Please answer the following questions

1 How many sexual partners have you had over the past two years?

2 With which gender do you engage in sexual activity?

Male Female Both

3 Have you ever worked as a prostitute or had sexual intercourse with a prostitute?

Yes, please give details No

4 Are you currently in a sexual relationship?

Yes No

4.1 Is this a monogamous relationship?

Yes No

4.2 How long have you been in this relationship?

4.3 How often does your partner get tested for HIV, Hepatitis B & C and other STDs?

4.4 To the best of your knowledge, what is your partner's current HIV, Hepatitis and other STDs status?

5 When was the last time you were tested for:

HIV	Hepatitis B	Hepatitis C	Other STDs
/ /	/ /	/ /	/ /
Result:	Result:	Result:	Result:

6 How often are you tested for HIV, Hepatitis B & C and other STDs?

7 Have you ever engaged in sexual activity with someone you know or believe to be HIV, Hepatitis B or C positive, or who has a known sexually transmittable disease? Yes, please give details No

8 Do you use protection during sexual activity (ie. condoms)? Yes, please give details No

9 Do you participate in any other activity which may place you at higher risk of contracting HIV? Yes, please give details No

Declaration

I declare that the answers given are true and correct to the best of my knowledge and I agree that they shall form part of my application for insurance.

Your duty of disclosure, as outlined in the PDS, continues to apply. Please tick which of the following applies:

I declare that there has not been any change in my occupation, health or pastimes since completing my application for insurance.





I declare there has been a change in my personal circumstances as outlined below.

Name of life insured:

Date: / /

Signature:

Macquarie Life

-  **Admin/Underwriting Freecall** 1800 005 057
-  **Fax Gateway** 1800 812 175
-  **Mail** GPO Box 5216 Brisbane QLD 4001
-  **Email** insurance@macquarie.com

FORWARD thinking

